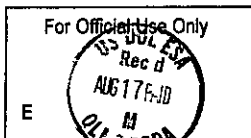


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86 257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|--|---|
| 1 File Number U 9047 | 2 Fiscal Year Covered From 11 / 11 / 2004 Through 12 / 31 / 2004 |
| 3 Name and address of person filing Name James Elder P O Box Bldg Room No if any Street 48 Donald St City East Williston State New York ZIP Code + 4 11596 | 4 Name file number and address of labor organization Name Enterprise Assn of Steamfitters Local 638 Labor Organization File Number 035-070 P O Box Building and Room Number if any Street 32-32 48th Avenue City Long Island City State New York ZIP Code + 4 11101 |
| 5 Position in labor organization Business Agent | |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

| | |
|---|---|
| A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name if any) Name Steamfitters Industry Welfare Fund Trade Name if any P O Box Bldg Room No if any Street 5 Penn Plaza 19th Floor City New York State New York ZIP Code + 4 10001-1887 | 7 a Nature of Interest, Transaction or Income Payment of registration and hotel room expenses for educational conference in connection with my position as Benefit Fund trustee 7 b Amount \$1,310 |

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed **James Elder**

On **08-11-05**
Date

(718) 392-3420
Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name [REDACTED]

Trade Name if any [REDACTED]

P O Box Bldg Room No if any [REDACTED]

Street [REDACTED]

City [REDACTED]

State [REDACTED] ZIP Code + 4 [REDACTED]

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name [REDACTED]

Trade Name if any [REDACTED]

P O Box Bldg Room No if any [REDACTED]

Street [REDACTED]

City [REDACTED]

State [REDACTED] ZIP Code + 4 [REDACTED]

11 a Nature of such dealing

[REDACTED]

11 b Approximate dollar value of such dealing

[REDACTED]

12 a Nature of interest held or income received

[REDACTED]

12 b Amount

[REDACTED]

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name J W Seligman (Mike Burtash)

Trade Name if any [REDACTED]

P O Box Bldg Room No if any [REDACTED]

Street 80 Orville drive

City Bohemia

State New York ZIP Code + 4 11716

14 a Nature of payment

Attended a dinner regarding investments paid and provided by Mike Burtash of J W Seligman in February 2004 The value of which was \$100 The expense was reimbursed to Mike Burtash by my employer the Enterprise Assn of Steamfitters local 638

[REDACTED]

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

[REDACTED] \$100

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Steamfitting Industry Promotion Fund

Trade Name if any

P O Box Bldg Room No if any

Street 44 West 28th St

City New York

State New York ZIP Code + 4 10001

14 a Nature of payment

Attended the Steamfitting Industry Promotion Fund golf outing. The value was \$415. The amount was later reimbursed to the Steamfitting Industry Promotion Fund by my employer the Enterprise Assn of Steamfitters Local 638.

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$415

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Colleran O'Hara and Mills LLP

Trade Name if any

P O Box Bldg Room No if any Suite 450

Street 1225 Franklin Avenue

City Garden City

State New York ZIP Code + 4 11530

14 a Nature of payment

Attended the Colleran O'Hara & Mills golf outing business/social function. The value of which was \$276. The expense was reimbursed to Colleran O'Hara & Mills LLP by my employer the Enterprise Assn of Steamfitters Local 638.

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$276

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing James Elder

File Number U

Part A Continuation Page

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name Steamfitters Industry Welfare Fund

Trade Name if any

P O Box Bldg Room No If any

Street 5 Penn Plaza 19th Floor

City New York

State New York ZIP Code + 4 10001

7 a Nature of Interest Transaction or Income

Attended apprentice graduation ceremony and dinner
The cost was \$118 The expense was reimbursed by
my employer the Enterprise Assn of Steamfitters
Local 638

7 b Amount

\$118

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No If any

Street

City

State ZIP Code + 4

7 a Nature of Interest Transaction or Income

7 b Amount

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No If any

Street

City

State ZIP Code + 4

7 a Nature of Interest Transaction or Income

7 b Amount